

EXHIBIT

B



FSMTB

FEDERATION OF STATE
MASSAGE THERAPY BOARDS

Massage & Bodywork Licensing Examination Application Form (Save time and paper – apply online at www.fsmtb.org)

*Denotes a required field.

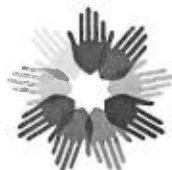
| APPLICANT INFORMATION | | | | | | | |
|---|--------|--|-------|----------------------------------|--------|-----------------------------|----------------------------|
| *NAME | FIRST | M.I. | | LAST | | | |
| PREVIOUS/MAIDEN NAME | | | | | *SS # | | |
| *DATE OF BIRTH | MM | DD | YYYY | | GENDER | <input type="checkbox"/> M | <input type="checkbox"/> F |
| *MAILING ADDRESS | STREET | | | | | APT. # | |
| CITY | | | STATE | | ZIP | | |
| EMAIL ADDRESS | | | | | | | |
| *PRIMARY PHONE | | | | SECONDARY PHONE | | | |
| EDUCATION | | | | | | | |
| *NAME OF MASSAGE SCHOOL ATTENDING OR GRADUATED FROM (Write in full name, no acronyms please) | | | | | | | |
| *LOCATION OF MASSAGE SCHOOL ATTENDING OR GRADUATED FROM | | | | CITY | | STATE | |
| EXAM LANGUAGE | | | | | | | |
| *I WANT TO TAKE THE MBLE IN (Choose ONE language) | | <input type="checkbox"/> ENGLISH | | <input type="checkbox"/> SPANISH | | | |
| TESTING ACCOMMODATIONS | | | | | | | |
| *DO YOU REQUIRE TESTING ACCOMMODATIONS? | | <input type="checkbox"/> YES Please complete and submit the ADA Accommodations Request Form. | | | | <input type="checkbox"/> NO | |
| LICENSURE | | | | | | | |
| LIST <u>ONE</u> STATE TO WHICH YOU WOULD YOU LIKE YOUR EXAM RESULTS SENT | | | | | | | |
| FEES | | | | | | | |
| TOTAL PAYMENT DUE \$195. Please provide payment information on the next page. Payment information will be destroyed after processing. | | | | | | | |
| STATEMENT OF ACKNOWLEDGEMENT | | | | | | | |
| <p>I hereby certify that the information I provided on this application and in any supporting documents is accurate, true, and correct to the best of my knowledge and belief. I acknowledge and agree to abide by and with the policies and procedures promulgated by FSMTB, including all policies regarding examination irregularities, cheating, and cancellation of scores. I acknowledge that I have reviewed the Examination Content Outline and that I have education and training in the content subject areas. I acknowledge and agree that I am prohibited from transmitting information about FSMTB examination questions or content in any form to any person or entity and that my failure to comply with this prohibition, or my failure to report any information about suspected violations of such prohibitions or otherwise about any possible cheating by myself or others may result in my scores being cancelled in accordance with FSMTB policies and procedures and/or legal action, up to and including criminal prosecution. I acknowledge that the fee is non-refundable and non-transferable.</p> | | | | | | | |
| *SIGNATURE | | | | | *DATE | | |

Send this application form and supporting materials to:

FSMTB

P.O. Box 198748, Nashville, TN 37219 (U.S. Postal Service)

150 Fourth Avenue North, Suite 800, Nashville, TN 37219 (for courier delivery)



FSMTB

FEDERATION OF STATE
MASSAGE THERAPY BOARDS

FSMTB Massage & Bodywork Licensing Examination Payment Information and Application Form Instructions

FEES

(Make payable to FSMTB. Standard personal checks are not accepted. All fees payable in US\$ dollars.)

Amount Enclosed/Please charge: _____ application(s) @ \$195 each = \$ _____

PAYMENT TYPE: ☐ Certified Check/Money Order ☐ School/Institution Check ☐ Visa ☐ MasterCard

CREDIT CARD NUMBER _____ EXP. DATE _____

NAME ON CREDIT CARD _____

CARDHOLDER SIGNATURE _____

INSTRUCTIONS FOR COMPLETING THE MBLEX APPLICATION FORM

All information must be typed or printed. Illegible applications will not be processed.

Personal Information

- Indicate first name, middle initial, and last name (family/surname). Note that the identification that you present at the test site must bear the same name that appears on your application.
- Indicate other names you are or have been known by.
- Indicate your Social Security number.
- Indicate your date of birth (month, day, year).
- Indicate your gender.

Official Mailing Address/Contact Information

- Indicate your mailing address and daytime phone numbers at which you can be reached.
- Indicate your Email address. FSMTB will use this Email address to notify you when you are approved to register for the licensing examination so that you may promptly schedule your test date and time.
- To ensure prompt and accurate correspondence, it is important that you notify FSMTB immediately if any of your contact information changes. Contact us at www.fsmtb.org.

Education

- In signing the application, you are required to verify that you have read the Examination Content Outline and that you have education and training in the content subject areas.
- Indicate your school name in full (do not use acronyms).
- Indicate the location of the school you attended.

Exam Language

- Please indicate whether you wish to take the MBLEX in English OR in Spanish.
- If you pass the MBLEX in English, you will not be permitted to take the MBLEX in Spanish.

Special Accommodations

- If you require special accommodations, please complete the Special Accommodations Request Form and furnish the additional required information with this application.

Licensure Information

- You may select ONE State to which you may have your exam results sent, free of charge.
- If you wish to have your exam results sent to additional destinations, please use the MBLEX Mobility Form at www.fsmtb.org.

Fees

- Total payment of \$195 is due with application.
- Payment information above will be destroyed after processing.
- You must first receive notification from FSMTB via email that you are approved to test before you will be allowed to schedule an exam.

Statement of Acknowledgement

- Review the statement of acknowledgement. Sign and date the application form.

Submit the completed application form and fee to:

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Questions? Call 1.866.9.MB.EXAM (1.866.962.3926) or Email mblex@fsmtb.org

**FSMTB**FEDERATION OF STATE
MASSAGE THERAPY BOARDS**Massage & Bodywork Licensing Examination (MBLEx) Application Form**(Save time and paper – apply online at www.fsmtb.org)

*Denotes a required field

| APPLICANT INFORMATION | | | | | | | | | |
|---|-----------------|----|------|--|--------|-------|----------------------------------|----------------------------|-----------------------------|
| NAME | *FIRST | | | M.I. | *LAST | | | | |
| ALSO KNOWN AS | | | | | | *SS # | | | |
| *DATE OF BIRTH | MM | DD | YYYY | | GENDER | | <input type="checkbox"/> M | <input type="checkbox"/> F | |
| *MAILING ADDRESS | NUMBER & STREET | | | | | | APT. # | | |
| CITY | | | | STATE | | ZIP | | | |
| *EMAIL ADDRESS | | | | | | | | | |
| SECONDARY EMAIL ADDRESS | | | | | | | | | |
| *PRIMARY PHONE | | | | SECONDARY PHONE | | | | | |
| EDUCATION | | | | | | | | | |
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| *LOCATION OF MASSAGE SCHOOL ATTENDING OR GRADUATED FROM | | | | CITY | | | STATE | | |
| EXAM LANGUAGE | | | | | | | | | |
| *I WANT TO TAKE THE MBLEx IN (Choose ONE language) | | | | <input type="checkbox"/> ENGLISH | | | <input type="checkbox"/> SPANISH | | |
| TESTING ACCOMMODATIONS | | | | | | | | | |
| *DO YOU REQUIRE TESTING ACCOMMODATIONS? | | | | <input type="checkbox"/> YES Please complete and submit the ADA Accommodations Request Form. | | | | | <input type="checkbox"/> NO |
| If YES, briefly describe the accommodations requested. | | | | | | | | | |
| LICENSURE | | | | | | | | | |
| *LIST <u>ONE</u> STATE TO WHICH YOU WOULD LIKE YOUR EXAM RESULT SENT | | | | | | | | | |
| FEES | | | | | | | | | |
| TOTAL PAYMENT DUE: \$195. Please provide payment information on the next page. | | | | | | | | | |
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**Massage & Bodywork Licensing Examination (MBLEX) Application Form
Payment Information and Application Form Instructions**

FEES

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Amount Enclosed/Please charge: _____ application(s) @ \$195 each = \$ _____

PAYMENT TYPE: ☐ Certified Check/Money Order ☐ School/Institution Check ☐ Visa ☐ MasterCard

CREDIT CARD NUMBER _____ - _____ - _____

EXP. DATE ____ / ____ CVV _____

NAME ON CREDIT CARD _____ BILLING ZIP CODE _____

CARDHOLDER SIGNATURE _____

Note: The charge will show on your card statement as *FSMTB Exam Services*. By providing your card information and signing this form, you understand and agree that all fees paid are non-refundable and non-transferable.

INSTRUCTIONS FOR COMPLETING THE MBLEX APPLICATION FORM

All information must be typed or printed. Illegible applications will not be processed.

Personal Information

- Indicate first name, middle initial, and last name (family/surname). Note that the identification that you present at the test site must bear the same name that appears on your application.
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- Indicate your Social Security number.
- Indicate your date of birth (month, day, year).

Official Mailing Address/Contact Information

- Indicate your mailing address and daytime phone number(s) at which you can be reached.
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Testing Accommodations

- If you require testing accommodations, please complete the Testing Accommodations Request Form and furnish the additional required information with this application.

Licensure Information

- You may select ONE State to which you may have your exam result sent, free of charge.
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| NAME | *FIRST | M.I. | *LAST | | |
| ALSO KNOWN AS | | | | *SS # | |
| *DATE OF BIRTH | MM | DD | YYYY | GENDER | <input type="checkbox"/> F <input type="checkbox"/> M <input type="checkbox"/> X |
| *MAILING ADDRESS | NUMBER & STREET | | | | APT. # |
| CITY | | | STATE | ZIP | |
| *EMAIL ADDRESS | | | | | |
| SECONDARY EMAIL ADDRESS | | | | | |
| *PRIMARY PHONE | | | SECONDARY PHONE | | |
| EDUCATION FSMTB requires all MBLEx applicants to request and ensure their massage therapy education program submits educational records directly to FSMTB. MBLEx applications are not complete for processing until educational records are received. | | | | | |
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